



## Statement of Organization POLITICAL ACTION COMMITTEE (PAC)

Type of Statement			
<input type="checkbox"/> New Committee		<input type="checkbox"/> Amended Statement	
Name of Committee			
<input type="checkbox"/> Check this box if you are a committee established or controlled by a corporation doing business in Virginia.			
Insert full name of committee (you may include acronyms, but please spell them out)			
<p><b>NOTE: Any PAC that intends to use the name of a candidate as part of the name of their PAC must file, along with this form, a copy of:</b></p> <ul style="list-style-type: none"> <li>the written authorization of the candidate consenting to the use of his/her name; or</li> <li>the political committee's notice to the candidate of use of his/her name and evidence that the letter was received. The letter must be sent at least twenty-one days prior to the filing of this form.</li> </ul> <p>If two candidates have the same last name, the political committee shall include the first name, or other initial or nickname, in the name of the political committee to identify which candidate is associated with the political committee.</p>			
Committee Mailing Address			
Street/PO Box (*See Instructions)			
City	State	Zip Code	
(     )	(     )		
Business Phone	Fax	E-Mail Address	
Affiliated Organization or PAC			
Name/Address of Affiliated Organization or PAC: _____ _____ _____			
Indicate the Purpose of your Committee (e.g. Labor, Business, Health Care, etc.) _____			
Candidate's Supported or Opposed*			
Full Name and Address of Candidate(s)	Office Sought	Party Affiliation	Support or Oppose?
Committee Depository			
Primary Bank Name or Depository		Secondary Bank Name or Depository	
Address of Depository		Address of Depository	



## Statement of Organization POLITICAL COMMITTEE

### Area, Scope and Jurisdiction of the Committee

This Committee intends to participate in (check all that apply)

- ☐ **Statewide elections**
- ☐ **General Assembly elections**
- ☐ **Local elections**

If "Local Elections" is checked please list the Cities, Counties or Towns the Committee intends to be active in:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

### Treasurer and Books Information

<b>Treasurer</b>		
	<b>Mr./Ms.</b>	<b>Last Name</b>
	<b>Street Address (Business), City, State and Zip Code</b>	
	<b>Street Address (Residence)</b>	
<b>Suite #</b>		
<b>City, State and Zip Code</b>		
<b>Email Address (*see instructions)</b>		
<b>Daytime Phone #</b>		
<b>Principal Custodian of the Books (if one)</b>		
	<b>Mr./Ms.</b>	<b>Last Name</b>
	<b>Street Address (Business), City, State and Zip</b>	
	<b>Street Address (Residence)</b>	
<b>Suite #</b>		
<b>City, State and Zip Code</b>		
<b>Email Address (*see instructions)</b>		
<b>Daytime Phone #</b>		
<b>Address Where Books are Maintained</b>		
	<b>Street Address (P.O. Boxes are Not Acceptable)</b>	<b>Suite #</b>
<b>City, State and Zip Code</b>		

**Filing Method (Electronic Filing Agreement)**

☐ **Electronic Filer** - I, as treasurer of this political action committee, intend to file all required campaign finance disclosure reports to the State Board of Elections by electronic means. I agree that if at anytime the committee does not intend to file electronically, that I will submit an amended Statement of Organization stating such.

☐ I intend to electronically file using **SBE's VAFiling Program**.

☐ I intend to use an **SBE Approved Vendor** (please indicate name of vendor): \_\_\_\_\_

\_\_\_\_\_  
**Signature**\_\_\_\_\_  
**Date**

☐ **Paper Filer** - I, as treasurer of this political action committee, declare that this committee does not intend to accept contributions or make expenditures in excess of \$10,000 during this calendar year. I understand that, if at any time the committee accepts contributions or makes expenditures in excess of \$10,000 during a calendar year, the committee will amend this statement and begin filing its campaign finance reports electronically.

\_\_\_\_\_  
**Signature**\_\_\_\_\_  
**Date****Statement of Treasurer**

**I accept the appointment of Treasurer for this committee.** I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the *Code of Virginia*). I understand that I must truthfully report all monies and things of value which this political committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the *Code of Virginia* for late or un-filed reports. I also understand that if I provide false information on any document submitted to the State Board of Elections that I may be subject to the provisions of § 24.2-1016 which is punishable up to a Class 5 felony.

\_\_\_\_\_  
**Signature**\_\_\_\_\_  
**Date**



## **Instructions for Completing This Form**

- Submit the original, signed copy of this form to SBE at:  
**200 N. 9<sup>th</sup> St., Suite 101  
Richmond, VA 23219**
- This form must be written in ink or typed or it will be rejected.
- An amended Statement is required to be filed within 10 days of the change if **any** of the information reported on this form changes.

### **Type of Statement**

- Check the box that applies to the type of Statement that you are filing.

### **Name of Committee**

- Indicate if this committee is established or controlled by a corporation doing business in Virginia (registered with the State Corporation Commission).
- Please insert the full name of your committee. You may include the acronym but you must spell out all acronyms for you committee.

§ 24.2-949.3 of the Code of Virginia requires that any Political Committee who wishes to use a candidate's name as part of their name must show proof that the candidate either has consented to the use of their name, or that the committee has informed the candidate that they are intending to use their name.

### **Committee Mailing Address**

- Insert the committee's primary mailing address. Be sure to check the box if you are a committee established or controlled by a corporation doing business in the Commonwealth.  
\*§24.2-449.2 states that committees must have an address that is located within the boundaries of the Commonwealth. However, a Political Committee that is established or controlled by a corporation doing business in Virginia may provide an address that is outside the boundaries of the Commonwealth.
- Insert the committee's primary business phone and fax number.
- Insert the Committee's e-mail address.
  - This information is required if your committee intends to file electronically. Otherwise, it is optional.

### **Affiliated Organization of PAC**

- Insert the name and address of any affiliated organizations or Political Committees. For example, if your PAC is a division of a trade association, business group or labor union, please indicate the name of the parent organization.
- Indicate the purpose of your committee
  - All Political Committees are formed to influence the outcome of elections. Please briefly explain the purpose or issue(s) in which your committee is involved.

### **Candidate's Supported or Opposed**

- Indicate any and all candidates the committee intends to support or oppose. If there are more than two candidates that the committee supports or opposes, please attach the entire list when you submit this report.

### **Committee Depository**

- Insert the name of the committee's primary depository (Bank Name).
- Insert the address of the committee's secondary depository (if one).  
\*Depositories must be located in an account within the Commonwealth unless the committee is established or controlled by a corporation doing business in Virginia.

**Area, Scope and Jurisdiction of the Committee**

- Please choose all that apply.

**Treasurer and Books Information**

- Treasurer
  - Insert the name and business and residential address of the person who will be responsible for maintaining and keeping accurate financial records and reporting these records on the prescribed forms  
**\*Note:** The Treasurer must be a resident of the Commonwealth of Virginia unless the committee is established or controlled by a corporation doing business in Virginia (registered with the State Corporation Commission).
  - Email Address  
**\*Note:** An email address for the treasurer is required if the committee intends to file electronically (see below for e-filing requirements). The email address is optional for all other committees.
- Custodian of the Books (if one)
  - You may leave this section blank if the treasurer also serves as the Custodian of the Books.  
**\*Note:** The Custodian of the Books must be a resident of the Commonwealth of Virginia unless the committee is established or controlled by a corporation doing business in Virginia (registered with the State Corporation Commission).

**Filing Method**

- Indicate whether the committee intends to file all of their campaign finance disclosure reports electronically.

**NOTE**

\*Political Action Committees that intend to raise more than \$10,000 or who intend to spend more than \$10,000 in a single calendar year are required by §24.2-949.8 to file electronically.

- **VA Filing Option**
  - If you choose to use SBE's *VA Filing* Program SBE will provide you with instructions on how to obtain your software when your Statement of Organization is acknowledged.
- **Approved Vendor Option**
  - If you choose to contract with a private company, SBE recommends that you use an "Approved Vendor." These companies meet SBE's standards for e-filing. Although you are free to use any company you wish, we cannot guarantee that the company you choose will completely comply with SBE's standards. As a result, your committee may end up paying fines for incomplete, late or un-filed reports. For a list of "Approved Vendors" please visit our website: [http://www.sbe.state.va.us/Campaign\\_Finance/](http://www.sbe.state.va.us/Campaign_Finance/)